## DEPARTMENT OF HEALTH AND FAMILY SERVICES

STATE OF WISCONSIN

Division of Children and Family Services CFS-1675A (Rev. 12/2000)

## **GROUP DAY CARE STAFF RECORD CHECKLIST**

**Use of form:** Use of this form is voluntary. It is intended for use as a review document by child care centers and licensing specialists. Personally identifiable information will only be used to identify individual records.

**Instructions:** A check mark indicates the required information is in the staff person's file. Name, employment date and job title should be filled in.

Name - Day Care Center				Address (Street, City, Zip Code)											Telephone Number			
Name - Staff Person	Start Date	Job Title	IBIS Report	DOJ Report	Background information disclosure 46.04(2)(a)	Staff Record form 46.04(5)(a)1	Physical exam 46.04(5)(a)4 & 46.05(1)(i)1	TB test - 46.05(1)(j)1.a.	Experience 46.04(5)(a)(1)	Documentation of orientation 46.04(5)(a)5	Documentation of education qualifications 46.04(5)(a)5	Documentation of continuing education 46.04(5)(a)5	Registry certificate 46.05(1)(g)	Documentation of 10 hour infant toddler training 46.09(1)(e)	Documentation of 10 hour school age assistant training 46.10(4)(b)3	Documentation of 10 hour Administrator training 46.05(2)(c)7	Driving Record 46.08(3)(c)	
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